

Policy Recommendations to Address the Nexus of Domestic Violence and Gun Violence

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The United States sees far more firearm deaths than peer nations. A considerable proportion of firearm injuries and deaths, as well as mass shootings, are related to domestic violence (DV). This article discusses the relationship between guns and DV and shares policy recommendations for creating a safer North Carolina.

Introduction

Globally, the United States is an outlier in terms of firearms culture, possession, and violence. With 393,000,000 civilian firearms in circulation, there are more guns than people in the United States [1]. Decades of powerful gun lobbying have made the Second Amendment a household name while increasing the cultural and legal power of the constitutional right to bear arms. Abundance and accessibility of firearms in the United States comes at a steep price. Despite having more guns than any country in the world, the United States is home to the most permissive firearm regulations [1]. Indeed, it is commonplace for a mass shooting in the United States to claim the lives of dozens of schoolchildren, worshippers, or grocery shoppers without any responsive legislation passed to prevent future gun violence. Americans are 25 times more likely to die by gun homicide than those in any other high-income country; North Carolina sees an average of 1470 gun deaths per year, a third of which are homicides [1, 2].

There are indications that gun violence is getting worse—in 2021, gun deaths in the United States reached their highest level in 40 years and guns are now the leading cause of death for children [2]. Intimate partner homicides involving guns are also on the rise, with a 15% increase from 2011 to 2020 compared to the previous 10-year period [3]. As of June 5, 2023, there have been 37 DV homicides in North Carolina, on pace to far outnumber those in recent years [4]. Over 86% of these homicides involved the use of a firearm [4].

One in four homicides in the United States is DV-related, and the presence of a firearm in a DV incident raises the risk of homicide by 500% [5, 6]. In high-profile mass shootings, the media has often linked perpetrators to a history of DV, and researchers have begun to look more closely at this connection in recent years. This paper will explore DV-related

gun violence and its connections to mass shootings. The discussion will uplift policy recommendations to prevent gun violence and create safer communities in North Carolina.

Domestic Violence, Guns, and Mass Shootings

Domestic violence is a pattern of behaviors—including physical, emotional, and sexual abuse, financial control, threats, or stalking—used by one intimate partner to gain and maintain control over another [7]. Domestic violence is prevalent and vastly underreported [8]. In North Carolina, approximately one in three individuals has experienced stalking and/or physical violence by an intimate partner in their lifetime [9]. Nearly half of all women murdered in the United States are killed by a current or former male intimate partner [10, 11]. The highest prevalence of intimate partner homicide by firearm is of Native and Black women [3].

In many cases, DV offenders also use firearms to intimidate, control, and threaten their intimate partners. Nationally, 25 million adults have been threatened with a firearm, non-fatally shot, or shot at by their intimate partner [12]. Domestic violence homicides often claim the lives of children and other family members as well [3]. Firearms make abusive relationships more dangerous and more difficult to escape.

Research points to the need for more attention to the connection between gender-based violence and mass shootings. The US Secret Service studied 173 mass attacks in public from 2016 to 2020; 41% of the attackers in this report had a history of DV and one-third were prohibited by federal law from purchasing or possessing a firearm [13]. Another study found that in 68% of mass shootings, the perpetrator had a history of DV, or a partner or family member was among their victims [14]. Zeoli and Paruk looked at 78 mass shootings from 2014 to 2017 and found that 28 of the 89 perpetrators had some history of DV [15]. In those cases where perpetrators had a history of DV, children were more often

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killed, there was a higher average number of people killed during the attacks, and perpetrators were more likely to die by suicide [15, 16].

Research shows that 80% of shooters were in noticeable crisis prior to their attacks, including increased agitation, abusive behavior, and paranoia [16]. It is important not to conflate mental health issues with motive for mass attacks—millions of people in the United States struggle with their mental health at some point in their lifetime and will never commit an act of violence. However, many mass shooters had a history of severe mental illness; over half of the perpetrators of mass shootings in these studies experienced mental health symptoms prior to their attacks, including psychosis and suicidality [13, 16].

Mass shooters are often motivated by hate. In one study, one-quarter of mass shooters held a range of hateful ideologies or subscribed to conspiracy theories, including misogynistic, racist, antisemitic, and anti-LGBTQ views [13]. A combination of these risk factors, including a history of domestic violence, should be taken seriously to intervene and prevent incidents of mass violence.

While mass shootings in public spaces receive significant media attention, there are many DV-related mass shootings that are not as highly publicized. On January 7, 2023, a 45-year-old man fatally shot his wife and three of their

children before dying from a self-inflicted gunshot wound in High Point, North Carolina [17]. According to the Gun Violence Archive, it was the 16th mass shooting that took place in the United States this year [18]. Police were called to the family's home several times over the years for domestic disturbances and assault, including in 2014, 2016, 2019, and 2022 [19]. The shooter also reportedly had a history of mental illness, and a year prior to the murder-suicide police served him an involuntary commitment order. Further information about his commitment and when he was released is not available to the public. With few details publicly available on this incident, one can only speculate that the shooter may have exhibited multiple risk factors for escalated violence, including a history of DV, inadequately treated mental illness, and access to firearms. Policy solutions should seek to prevent future tragedies like this one.

Policy Recommendations

Three simultaneous policy strategies are necessary to address the connection between DV and mass shootings: 1) increased implementation of existing firearm protections for DV survivors; 2) expansion of existing firearm relief to increase firearm removal in dangerous circumstances; and 3) preservation of existing firearm protections for DV survivors.

North Carolina law prohibits people subject to an active DV protective order (DVPO) from possessing or purchasing a firearm while the DVPO is in place [20]. Judges must also order the surrender of firearms, ammunition, and permits if they find that a person subject to a DVPO has either: 1) used or threatened to use a firearm; 2) threatened to seriously injure or kill a party or minor child; 3) threatened to commit suicide; or 4) seriously injured a party or minor child [20]. Surrendered firearms can only be returned by request after law enforcement has confirmed that the requesting party does not have pending state or federal criminal charges and is not otherwise prohibited by law from owning or possessing a firearm [21]. Proper implementation and enforcement of these DV firearm protections saves lives. A 2018 study found a 13% reduction in intimate partner gun homicide in states like North Carolina that restrict firearm possession by people with active DVPOs [22]. States that require firearm surrender or proof of firearm relinquishment were found to reduce intimate partner gun homicides by an additional 3% [22]. These findings are supported by previous research on the life-saving impact of DVPO firearm restrictions [23, 24]. Additional training and oversight of judicial officials and law enforcement can ensure that records of disqualification, like convictions and DVPOs, are properly entered into the

federal background check system. Researchers found that a mass shooter in Sutherland Springs, Texas, was legally prohibited from purchasing a firearm because of a court martial for domestic violence. However, records of this court martial were never entered into the federal system, allowing him to purchase the firearm he used to murder 25 people [13].

In March 2023, Governor Roy Cooper established the North Carolina Office of Violence Prevention, which will provide training, technical assistance, and best practice guidance to reduce gun violence and firearm misuse in North Carolina [25]. The establishment of this office is an opportunity to prevent judicial and law enforcement officials from relying on their own discretion into the process of firearm surrender and return. Lawmakers can also reduce firearm deaths by expanding the courts' ability to temporarily remove firearms from people who have exhibited warning signs of violence. Extreme risk protective orders (ERPOs) create a judicial process through which family or household members can ask a court to remove a person's firearms if they are found to be a risk to themselves or others. ERPO bills introduced in recent legislative sessions offer the same due process protections as North Carolina's long-standing DVPO statutes. States with ERPOs have 36% fewer annual firearm deaths than states without ERPOs [26]. Anecdotal evidence suggests that an

ERPO in Texas could have prevented a 2019 mass shooting that killed 23 people, prior to which the shooter's mother had contacted law enforcement to express concerns and seek removal of his firearms [15]. Polling suggests that most North Carolina voters, including those who self-identify as gun owners, support the creation of ERPOs [27]. North Carolina's Domestic Violence Commission published a resolution urging legislative support for ERPOs in February 2023 [28]. Several states allow physicians to petition the court for ERPOs to remove firearm access from patients who have exhibited warning signs of violence. Four years after the law's implementation in Maryland, a report found that physicians were supportive of their role in ERPOs because of the potential to reduce suicide and homicide gun deaths [29]. Physicians felt that their participation in the ERPO process aligned with the moral and ethical responsibilities of their profession and allowed them to apply their expert risk-assessment skills [29].

Policy efforts to preserve existing firearm protections are needed. As of March 29, 2023, the North Carolina General Assembly repealed the state's pistol permitting system [30]. Erasure of this system means that background checks that would have flagged the existence of a DVPO are no longer required for private sales. Prior to this repeal, the pistol permitting system was the only process whereby a purchaser could be denied for recent North Carolina assault-based misdemeanor DV convictions [31]. Existing protections are also at risk of judicial undoing. In February, a federal court held that a law prohibiting firearm possession by a person subject to a DVPO violates the Second Amendment [32]. The parties have requested review by the US Supreme Court in a decision that could reframe the power of state and federal legislators to limit firearm access in cases of domestic violence [33].

Conclusion

The profound cost of DV-related gun violence requires a three-pronged policy approach of increased implementation, expansion, and preservation of existing DV firearm protections. Given recent legislative and judicial actions, future legislative solutions to gun violence may be limited or politically unrealistic. For now, judges and legislators may need to focus their attention on the preservation, rather than expansion, of existing firearm protections. Increased funding of DV intervention services for harm-doers and expanded access to mental health treatment are needed to address some of the risk factors for DV homicide. Unarmed first responders, such as those who staff community Holistic Empathetic Assistance Response Teams (HEART) in Durham, connect community members in crisis with needed care and have the potential to help prevent future violence in our communities.

DV-related gun violence is a preventable public health concern. With record highs of DV homicide in North Carolina this year and the increasing danger posed by gun

violence, North Carolinians need preventive action and protection. NCMJ

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